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APPLICANTS

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*Name***** CONTINUING DATA** ******Name***** FOREIGN APPLICATIONS** *******IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/27/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <i>JM</i> Initials <i>lp</i>		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
NC	7	55	3

ADDRESS

58505

TITLE

System and method for managing and securing meta data

FILING FEE RECEIVED 1820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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